RECEIVEL e type a plus sign (+) inside this box A ITRADicates the Paperwork Reduction Act of 1995, no persons are required to respand rough 10/31/2002, OLES 0651-0035 erk Office: U.S. DEPARTMENT OF COMMERCE Application K.Camter 2100 CHANGE OF CORRESPONDENCE ADDRESS Filing Date Application First Named Inventor Address to: Group Art Unit Assistant Commissioner for Patents Examiner Name Washington, D.C. 20231 Attorney Docket Number Please change the Correspondence Address for the above-identified application Customer Number Place Customer Number Bar Code Type Customer Number here Label here OR Firm or Individual Name DR MARK FRIEDMAN LID Address c/o Bill Polkinghorn ~ Discovery Dispatch Address 9003 Florin Way City Upper Marlboro 20772 Country U.S.A. Telephone (301) 952-1011 Fax (301) 952 9023 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use Request for Customer Number Data Change* (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed MARK M. FRIEDMAN Reg. No. 33, 883 Signature Sep. 12,200) NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

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